

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)			
ADDRESS (number and street) 655 Beach Street			
Check if different than previously reported. (ACC) San Francisco CA 94109 -			
2. FEC IDENTIFICATION NUMBER ▼		CITY ▲	STATE ▲ ZIP CODE ▲
C C00196246			
3. IS THIS REPORT		<input checked="" type="checkbox"/> NEW (N) OR	<input type="checkbox"/> AMENDED (A)
4. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:		(b) Monthly Report Due On:	
<input type="checkbox"/> April 15 Quarterly Report (Q1)		<input type="checkbox"/> Feb 20 (M2) <input type="checkbox"/> May 20 (M5) <input type="checkbox"/> Aug 20 (M8) <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)	
<input type="checkbox"/> July 15 Quarterly Report (Q2)		<input type="checkbox"/> Mar 20 (M3) <input checked="" type="checkbox"/> Jun 20 (M6) <input type="checkbox"/> Sep 20 (M9) <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)	
<input type="checkbox"/> October 15 Quarterly Report (Q3)		<input type="checkbox"/> Apr 20 (M4) <input type="checkbox"/> Jul 20 (M7) <input type="checkbox"/> Oct 20 (M10) <input type="checkbox"/> Jan 31 (YE)	
<input type="checkbox"/> January 31 Year-End Report (YE)		(c) 12-Day PRE-Election Report for the:	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)		<input type="checkbox"/> Primary (12P) <input type="checkbox"/> General (12G) <input type="checkbox"/> Runoff (12R)	
<input type="checkbox"/> Termination Report (TER)		<input type="checkbox"/> Convention (12C) <input type="checkbox"/> Special (12S)	
		Election on M M M / D D D / Y Y Y Y Y Y in the State of	
		(d) 30-Day POST-Election Report for the:	
		<input type="checkbox"/> General (30G) <input type="checkbox"/> Runoff (30R) <input type="checkbox"/> Special (30S)	
		Election on M M M / D D D / Y Y Y Y Y Y in the State of	
5. Covering Period		M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y	
05 01 2014		05 31 2014	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

06

18

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">450006.08</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">514875.83</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">65677.84</span>	<span style="border: 1px solid black; padding: 2px;">336607.82</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">580553.67</span>	<span style="border: 1px solid black; padding: 2px;">786613.90</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">46083.41</span>	<span style="border: 1px solid black; padding: 2px;">252143.64</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">534470.26</span>	<span style="border: 1px solid black; padding: 2px;">534470.26</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	52977.37	274829.35
(ii) Unitemized .....	12700.47	59278.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	65677.84	334107.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	65677.84	334107.82
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	65677.84	336607.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	65677.84	336607.82

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	83.41	560.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	83.41	560.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	251500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	83.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	83.33
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46083.41	252143.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46083.41	252143.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	65677.84	334107.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65677.84	334024.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	83.41	560.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	83.41	560.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Omar Almallah**

Mailing Address 20 Mule Rd

City

Toms River

State

NJ

Zip Code

08755-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

05 / 29 / 2014

Transaction ID : 4EBB8510-90BE-4450-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Louis Alpern**

Mailing Address 4171 N Mesa D-100

City

El Paso

State

TX

Zip Code

79902-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 4738C123-028F-446C-B

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Chad Anderson**

Mailing Address 1811 W Royal Hunte Dr Ste 1

City

Cedar City

State

UT

Zip Code

84720-8174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 15 / 2014

Transaction ID : D6E12C41-EA1C-4A38-8

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2666.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Andrew Antoszyk**

Mailing Address 4832 Sentinel Post Road

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 11 / 2014

Transaction ID : 032C09B8-E745-4F69-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Reginald George Ariyasu**

Mailing Address 3467 Stoner Ave

City State Zip Code  
Los Angeles CA 90066-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2014

Transaction ID : EB0CF4E2-9B17-4B8E-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Joe Arterberry**

Mailing Address 224 E Broadway Ste 110

City State Zip Code  
Louisville KY 40202-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 29 / 2014

Transaction ID : F5F8B594-E3C5-41B7-8

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

1041.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Mayssa Aziz-Toppino**

Mailing Address 1804 Oakley Seaver Dr Ste B

City

Clermont

State

FL

Zip Code

34711-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 23 / 2014

Transaction ID : B493BC0D-84CB-4898-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John Baker**

Mailing Address 4483 Ardmore Dr

City

Bloomfield Hills

State

MI

Zip Code

48302-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 23 / 2014

Transaction ID : 06324D9B-5970-466F-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. James Barad**

Mailing Address 2770 N Union Blvd Ste 240

City

Colorado Springs

State

CO

Zip Code

80909-1193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2014

Transaction ID : 1744B255-6687-4220-A

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Thomas Beardsley**

Mailing Address 8 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 01088F3B-0F90-4885-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Blandford**

Mailing Address 1937 Old Main St Ste 2

City

Maysville

State

KY

Zip Code

41056-8956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

05 / 15 / 2014

Transaction ID : A1022A1F-C339-4B23-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Robert Block**

Mailing Address 12 Curtis St

City

Meriden

State

CT

Zip Code

06450-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 15 / 2014

Transaction ID : AF24ADE8-6F01-408C-8

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 10 OF 52

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Edwin Boldrey**

Mailing Address 2512 Samaritan Ct Ste P

City State Zip Code  
 San Jose CA 95124-4002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : E510B0AA-747B-4F19-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Donald Budenz**

Mailing Address 5151 Bioinformatics Bldg  
 CB7040

City State Zip Code  
 Chapel Hill NC 27599-7040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : 0167C7EA-3CE8-4383-A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Frank Burns**

Mailing Address 13324 Shelbyville Rd.

City State Zip Code  
 Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : D695FB04-C406-4176-B**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

1083.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 52

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kristin Carter

Mailing Address 1615 N Swan Rd

City State Zip Code  
Tucson AZ 85712-4046

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : 1304C815-6698-4B04-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Thomas T. Chang

Mailing Address 70 E 10th St Ste 1F

City State Zip Code  
New York NY 10003

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2014

Transaction ID : 090C07E8-EDCD-4ADC-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Jack Mabry Mabry Chapman

Mailing Address 2061 Beverly Rd

City State Zip Code  
Gainesville GA 30501-2034

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : 2DC10B92-0FC1-4D1C-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

813.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Donald Cinotti**

Mailing Address 600 Pavonia Ave Ste 6

City State Zip Code  
 Jersey City NJ 07306-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 15 / 2014

**Transaction ID : 4B49E20D-54A7-4B88-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William Constad**

Mailing Address 1266 Mount Horeb Road

City State Zip Code  
 Martinsville NJ 08836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 04 / 2014

**Transaction ID : 2245FED3-AA35-42CD-B**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Gregory Cox**

Mailing Address 2 Hamilton Health Pl

City State Zip Code  
 Hamilton NJ 08690-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2014

**Transaction ID : A4247B3F-6D4C-4F6A-A**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1065.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Charles Crowley**

Mailing Address 1033 Clifton Ave Ste 107

City State Zip Code  
 Clifton NJ 07013-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 28 / 2014

Transaction ID : 3AAF1D2E-BC48-4866-A

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Richard Davenport**

Mailing Address 2424 S 90th St Ste 204

City State Zip Code  
 West Allis WI 53227-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.68

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 15 / 2014

Transaction ID : A27C2F87-BF44-4172-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Mayli Davis**

Mailing Address 6208 Colleyville Blvd Ste 100

City State Zip Code  
 Colleyville TX 76034-6430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 22761CFA-A28D-4998-9

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2906.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. James Davison**

Mailing Address 309 E Church St

City

Marshalltown

State

IA

Zip Code

50158-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2014

**Transaction ID : F040B905-E9A3-4E11-9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joseph Doe**

Mailing Address 1052 Gull Rd

City

Kalamazoo

State

MI

Zip Code

49048-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

05 / 15 / 2014

**Transaction ID : AEC99BE-AAD0-468E-9**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Joseph Doe**

Mailing Address 1052 Gull Rd

City

Kalamazoo

State

MI

Zip Code

49048-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

05 / 29 / 2014

**Transaction ID : 68B24B72-5ABC-4C74-B**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

591.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. John Drouilhet**

Mailing Address 1329 Lusitana St Ste 502

City

Honolulu

State

HI

Zip Code

96813-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 02 / 2014

Transaction ID : 2E5FF6EC-D36F-486F-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Albert Edwards**

Mailing Address 1550 Oak St Ste 4

City

Eugene

State

OR

Zip Code

97401-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 5BA26B74-3812-4FEB-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Randy Ennen**

Mailing Address 3312 S 70th St

City

Fort Smith

State

AR

Zip Code

72903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2014

Transaction ID : 4729A8D1-A8AB-4C15-8

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. K. David David Epley**

Mailing Address 11800 NE 128th St Ste 430

City State Zip Code  
 Kirkland WA 98034-7299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 5F009C3C-26F3-43A1-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John Foley**

Mailing Address PO Box 687

City State Zip Code  
 Exmore VA 23350-0687

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 13758FC6-9677-4A8D-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. C. Stephen Foster**

Mailing Address 5 Cambridge Ctr Ste 8

City State Zip Code  
 Cambridge MA 02142-1493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 70A5B048-079D-4EAE-9

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1865.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Laura Fox**

Mailing Address 416 North Bedford #300

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2014

Transaction ID : CCEDDC78-D940-411B-A

Amount of Each Receipt this Period

950.00

Full Name (Last, First, Middle Initial)

**B. Lyle Freedman**

Mailing Address 11803 South Fwy Ste 114

City

Burleson

State

TX

Zip Code

76028-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 30 / 2014

Transaction ID : 0BFAD63D-C064-4E75-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Aashish Gandhi**

Mailing Address 2902 Crossing Ct Ste E

City

Champaign

State

IL

Zip Code

61822-6176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 6A92CE56-E687-4483-8

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1680.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Gardner**

Mailing Address 756 Marion St

City State Zip Code  
 Denver CO 80218

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : BC617F6D-213B-4543-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Geoffrey Garrett**

Mailing Address 1455 E Bert Kouns Loop

City State Zip Code  
 Shreveport LA 71105-6000

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 849C2496-ACCE-4354-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Sidney Gicheru**

Mailing Address 4385 San Carlos Drive

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 15 / 2014

Transaction ID : D84AE2C7-4EC9-4F5E-B

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1073.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. William Gillum**

Mailing Address 1519 E Sixth St

City State Zip Code  
Weslaco TX 78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

Transaction ID : 9E5529D9-48F9-4E5D-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Bruce Grossnickle**

Mailing Address 2251 Dubois Dr

City State Zip Code  
Warsaw IN 46580-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

Transaction ID : D77B3561-D9B3-48E8-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Timothy Hanley**

Mailing Address 3830 W Front St

City State Zip Code  
Traverse City MI 49684-8153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2014

Transaction ID : D6B4E6FD-6D8D-418E-B

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1615.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Harbin**

Mailing Address 3225 Cmbld Blvd SE Ste 900

City State Zip Code  
 Atlanta GA 30339-5971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 02 / 2014

Transaction ID : 9841A533-363A-48D9-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Jean Hausheer**

Mailing Address 29 NW Burr Oak Dr

City State Zip Code  
 Lawton OK 73507-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 15 / 2014

Transaction ID : F58F621C-900A-4D2A-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. John Hines**

Mailing Address 5273 Peregrine Crest Cir

City State Zip Code  
 Roanoke VA 24018-8749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 03 / 2014

Transaction ID : 6F6E966D-6B1E-48D1-8

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1406.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Marc Hirsch**

Mailing Address 10714 N San Marino Dr

City State Zip Code  
 Mequon WI 53092-5964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2014

**Transaction ID : 21CC1493-D6B7-4888-9**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John Hofbauer**

Mailing Address 416 N Bedford Dr Ste 300

City State Zip Code  
 Beverly Hills CA 90210-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : A9951615-3035-4D53-8**

Amount of Each Receipt this Period

950.00

Full Name (Last, First, Middle Initial)

**C. G. Baker Hubbard**

Mailing Address 1365B Clifton Rd  
 Ste B4401

City State Zip Code  
 Atlanta GA 30322-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : 45F19C7B-63C3-41AF-A**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

1356.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. G. Baker Hubbard**

Mailing Address 1365B Clifton Rd NE Ste B4401

City State Zip Code  
 Atlanta GA 30322-1013

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 15 2014

Transaction ID : 75AEEE49-334A-456D-B

Amount of Each Receipt this Period

2.08

Full Name (Last, First, Middle Initial)

**B. Morton Israel**

Mailing Address 770 Magnolia Ave Ste 2D

City State Zip Code  
 Corona CA 92879-3122

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 29 2014

Transaction ID : 4D660690-5163-4F15-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Carol Johnston**

Mailing Address 6 Office Park Dr

City State Zip Code  
 Jacksonville NC 28546-7325

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 23 2014

Transaction ID : AB2A69C0-617E-4403-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

450.41

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jerome Jordan**

Mailing Address 200 Mifflin Avenue

City

Scranton

State

PA

Zip Code

18503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

05 / 29 / 2014

Transaction ID : 06B5689D-AFB7-493A-8

Amount of Each Receipt this Period

41.63

Full Name (Last, First, Middle Initial)

**B. Lawrence Kahn**

Mailing Address 5881 E Sapphire Ln

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 29 / 2014

Transaction ID : CD750B5C-EA44-4BFD-A

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**c. Martin Kaplan**

Mailing Address 6533 Drew Ave S

City

Edina

State

MN

Zip Code

55435-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 700C85DF-4A38-4C04-B

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

806.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Kian Kaz**

Mailing Address 12690 McManus Blvd

City State Zip Code  
 Newport News VA 23602-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : A0C74317-735B-44E7-A**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Daniel Kiernan**

Mailing Address 100 Banks Ave Apt 1272

City State Zip Code  
 Rockville Centre NY 11570-3933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 15 / 2014

**Transaction ID : DC132838-B4E4-4DEE-A**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Stephen Klapper**

Mailing Address 10847 Diamond Drive

City State Zip Code  
 Carmel IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 02 / 2014

**Transaction ID : 85E80607-6D33-441F-8**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

771.67

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 25 OF 52  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Craig Kliger**

Mailing Address 100 Galewood Cir

City State Zip Code  
 San Francisco CA 94131-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : 4FFA6A7E-B751-4DCA-B**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. Douglas Koch**

Mailing Address 6565 Fannin St

City State Zip Code  
 Houston TX 77030-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : 90F74A1B-3122-4B01-A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Gregory Kwasny**

Mailing Address 17034 Chesterfield Estates Court

City State Zip Code  
 Chesterfield MO 63005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : 9DF4AF55-1FAD-46EF-9**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

906.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Scott Lanoux**

Mailing Address 4324 Veterans Blvd Suite 107

City State Zip Code  
Metairie LA 70006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 23 / 2014

**Transaction ID : 49F48E21-25C5-4DA3-B**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Wayne Larrison**

Mailing Address 46 Prince St Ste 203

City State Zip Code  
New Haven CT 06519-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

**Transaction ID : 4CC8DF3F-067B-47F6-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Paul Lee**

Mailing Address 1000 Wall St

City State Zip Code  
Ann Arbor MI 48105-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : 1E808F61-EA68-413C-8**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1365.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Andrew Levada**

Mailing Address 1201 W Main St Ste 100

City

Waterbury

State

CT

Zip Code

06708-3176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 23 / 2014

Transaction ID : 5426A088-22C6-42E9-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Eric Lichtenstein**

Mailing Address 19213 Union Tpke

City

Fresh Meadows

State

NY

Zip Code

11366-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 26 / 2014

Transaction ID : 7843FEB0-F206-44F6-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mimi Liu**

Mailing Address 850 E Harvard Ave Ste 155

City

Denver

State

CO

Zip Code

80210-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2014

Transaction ID : B74632D7-FF04-4DBB-9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Mary Gerard Lynch**

Mailing Address 3845 Club Dr NE

City State Zip Code  
 Atlanta GA 30319-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : D619B94E-2B7E-4648-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert Melendez**

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code  
 Rio Rancho NM 87144-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : 6F24B29F-F7BA-42FF-B**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Aaron Miller**

Mailing Address 1699 Research Forest Dr Ste 150

City State Zip Code  
 The Woodlands TX 77380-2792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : DEC5B1A4-393F-44B0-9**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Aaron Miller**

Mailing Address 31 S Almondell Way

City State Zip Code  
The Woodlands TX 77354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

05 / 29 / 2014

**Transaction ID : 55A67649-D352-43A0-A**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Amalia Miranda**

Mailing Address 3435 NW 56th St Ste 700

City State Zip Code  
Oklahoma City OK 73112-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.65

Date of Receipt

05 / 29 / 2014

**Transaction ID : 251BE90E-0A44-4524-8**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. James Nachbar**

Mailing Address 509 S Lenola Rd Bldg 11

City State Zip Code  
Moorestown NJ 08057-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 26 / 2014

**Transaction ID : FBDF30EF-F589-4910-B**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1183.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 30 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Oats**

Mailing Address 50 Staniford St Ste 600

City State Zip Code  
 Boston MA 02114-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 29 / 2014

**Transaction ID : 9503BA17-EB9D-49BD-A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Susanna Park**

Mailing Address 4860 Y St Ste 2400

City State Zip Code  
 Sacramento CA 95817-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : 5E43E898-8678-4BC7-9**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Randall Peairs**

Mailing Address 200 Mifflin Ave

City State Zip Code  
 Scranton PA 18503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 02 / 2014

**Transaction ID : 840132BB-3DAF-47C9-A**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Peterson**

Mailing Address 700 W Kent Ave

City

Missoula

State

MT

Zip Code

59801-6772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 5FE695D4-6650-45D0-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Stephen Petty**

Mailing Address 850 E Harvard Ave Ste 155

City

Denver

State

CO

Zip Code

80210-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 416D6B3B-7632-48C5-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dustin Pomerleau**

Mailing Address 195 Fore River Pkwy Ste 480

City

Portland

State

ME

Zip Code

04102-2787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 0F291305-42AE-4544-B

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

940.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Andrew Prince**

Mailing Address 178 E 71st St

City  
New York

State  
NY

Zip Code  
10021-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 27 / 2014

Transaction ID : 3E6EACE3-BFFE-4B7A-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Barton Ramsey**

Mailing Address 440 W Martin Luther King Blvd

City  
Danville

State  
KY

Zip Code  
40422-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2014

Transaction ID : CF8D3770-816A-4393-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Chad Reder**

Mailing Address 1680 E Herndon Ave Ste 101

City  
Fresno

State  
CA

Zip Code  
93720-3384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 28 / 2014

Transaction ID : C5EE4D3E-4C3C-4923-8

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. David Ringel**

Mailing Address 101A Kings Way W

City State Zip Code  
Sewell NJ 08080-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : 9CE33BEB-1FFE-4274-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Philip Rizzuto**

Mailing Address 120 Dudley St Ste 301

City State Zip Code  
Providence RI 02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : E43361A5-13FF-40A0-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Aron Rose**

Mailing Address 40 Temple St Suite 5B

City State Zip Code  
New Haven CT 06510-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

Transaction ID : A2ABDE30-EAE5-40B5-9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1041.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Gohar Salam**

Mailing Address 11188 Diebold Rd

City State Zip Code  
 Fort Wayne IN 46845-9662

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 28 / 2014

Transaction ID : 052C2DFE-39CD-454A-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Paul Schultz**

Mailing Address 1408 E Barnett Rd

City State Zip Code  
 Medford OR 97504-8279

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 29 / 2014

Transaction ID : BF0791C3-2232-4DB4-A

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Rand Spencer**

Mailing Address 2828 Hood St Apt 1107

City State Zip Code  
 Dallas TX 75219-7809

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.22

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : 6CFC884C-24E2-4F87-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1708.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Susan Stegeman**

Mailing Address 301 N 8th St Ste 6B201

City

Springfield

State

IL

Zip Code

62701-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 3AA62696-55C5-48D8-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Cameron Stone**

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

05 / 15 / 2014

Transaction ID : E609F2DF-FE0C-486B-B

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Donald Stone**

Mailing Address 7308 NE 101st Street

City

Oklahoma City

State

OK

Zip Code

73151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 15 / 2014

Transaction ID : 22F419E7-BD45-4605-8

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

656.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Bradley Straatsma**

Mailing Address 100 Stein Plaza

City

Los Angeles

State

CA

Zip Code

90095-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 28 / 2014

Transaction ID : E84C53AA-E496-40F2-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. James Su**

Mailing Address 2103B E. Griffin Parkway

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 23 / 2014

Transaction ID : 2673BDCC-238C-4B61-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Alvin Tao**

Mailing Address PO Box 5545

City

Lafayette

State

IN

Zip Code

47903-5545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 9AE5EC14-C8AE-4D8D-8

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Monica Thoms**

Mailing Address 1211 S Arlington Heights Rd

City State Zip Code  
 Arlington Heights IL 60005

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

Transaction ID : 568D7463-99BA-4246-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Donald Tingley**

Mailing Address 1015 Ridge Rd

City State Zip Code  
 Webster NY 14580

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

Transaction ID : 866556ED-AE9F-4061-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tom Tooma**

Mailing Address 3501 Jamboree Rd Ste 1100

City State Zip Code  
 Newport Beach CA 92660-2956

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

Transaction ID : 22C167E1-436B-45FC-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Vinh Tan Tran**

Mailing Address 1808 Verdugo Blvd Ste 206

City

Glendale

State

CA

Zip Code

91208-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 03 / 2014

**Transaction ID : 648A9B49-7C3E-4FC9-B**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gregory Trubowitsch**

Mailing Address 741 Los Miradores Dr

City

El Paso

State

TX

Zip Code

79912-3451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 29 / 2014

**Transaction ID : 0700D5C9-3D46-455D-9**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Cordelia Uddoh**

Mailing Address PO Box 539

City

Willow Grove

State

PA

Zip Code

19090-0539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : 29269371-B159-424F-8**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Aaron Weingeist**

Mailing Address 4717 53rd Ave S

City  
Seattle

State  
WA

Zip Code  
98118-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.99

Date of Receipt

05 / 15 / 2014

Transaction ID : BC88C817-DD02-40B6-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Tay Weinman**

Mailing Address 571 West 7th St

City

San Pedro

State

CA

Zip Code

90731-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

05 / 15 / 2014

Transaction ID : 212A9CBE-9D0A-432A-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Tay Weinman**

Mailing Address 571 West 7th St

City

San Pedro

State

CA

Zip Code

90731-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

05 / 29 / 2014

Transaction ID : E1D2847F-6C8E-4175-B

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

166.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Paul Weishaar**

Mailing Address 530 N Lorraine Ave Ste 200

City State Zip Code  
 Wichita KS 67214-4837

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2014

Transaction ID : DA792FB8-0B3B-4C91-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel Welch**

Mailing Address 407 Ave K SE

City State Zip Code  
 Winter Haven FL 33880

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 07 2014

Transaction ID : 5BFF53ED-A411-432C-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William White**

Mailing Address 1004 Carondelet Dr Ste 405

City State Zip Code  
 Kansas City MO 64114-4801

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 06 2014

Transaction ID : 9C4C5F3C-2D98-4E64-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Paul Wiesner**

Mailing Address 1800 E Pavilion PI Unit B

City State Zip Code  
 Montrose CO 81401-5499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : DEC3AB82-6C14-4E2F-8**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert Wiggins**

Mailing Address 8 Medical Park Dr

City State Zip Code  
 Asheville NC 28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

05 / 15 / 2014

**Transaction ID : 187EFF60-69F2-4F9B-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Curt Wischmeier**

Mailing Address 310 8th Ave NW

City State Zip Code  
 Aberdeen SD 57401-2365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : 66F8101A-593D-474B-9**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Arthur Yohai**

Mailing Address 864 Second St

City

Santa Rosa

State

CA

Zip Code

95403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : 5072F547-4829-4881-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

52977.37

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco   State CA   Zip Code 94163

Purpose of Disbursement  
Bank charges - May 2014

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:   District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2014

Transaction ID : E0A338807BB8F7EFBB8

Amount of Each Disbursement this Period

83.41

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City   State   Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:   District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City   State   Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:   District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

83.41

83.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Cassidy for US Senate**

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**William Cassidy**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : E1AD9DC288F92C7383F**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Blumenthal for Senate**Mailing Address C/O Cacace Tusch & Santagata  
777 Summer St Suite 103

City	State	Zip Code
Stamford	CT	06901

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard Blumenthal**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 8F39B22C0FE6449851F**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr. Md for Congress, Inc.**

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

Purpose of Disbursement  
2014 General

011

Candidate Name

**Charles W. Boustany Jr.**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 81DC5A78A27396AD344**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Coffman for Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City	State	Zip Code
Greenwood Village	CO	80111

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mike Coffman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 1B5FBEA83A2AE582A48**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Collins for Senator**

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Susan Margaret Collins**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 36598B8B3FEDED73563**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Linda Sanchez**Mailing Address 410 1st St SE  
Suite 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Linda T. Sanchez**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : 35F7D8E0C549FFED723**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Denny Heck for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO Box 235

City	State	Zip Code
Olympia	WA	98507

**Transaction ID : 268087712CBDDDD3ED3**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Dennis Heck

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 10

Full Name (Last, First, Middle Initial)

**B. Diana Degette for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO Box 61337

City	State	Zip Code
Denver	CO	80206-8337

**Transaction ID : 23A4AFED26BAA693AAF**Purpose of Disbursement  
2014 Primary

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Diana L. DeGette

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

Full Name (Last, First, Middle Initial)

**C. Fitzpatrick for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO Box 185

City	State	Zip Code
Langhorne	PA	19047-0185

**Transaction ID : 589E2AE8FCEA7244906**Purpose of Disbursement  
2014 General

011

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

Michael G. Fitzpatrick

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Fitzpatrick for Congress**

Mailing Address PO Box 185

City  
LanghorneState  
PAZip Code  
19047-0185Purpose of Disbursement  
2014 General

011

Candidate Name

**Michael G. Fitzpatrick**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : C87490D88B945E65AD9**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mark Robert Warner**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : C018B9E02B578BB9729**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Nan Hayworth**

Mailing Address PO Box 511

City  
ChesterState  
NYZip Code  
10918Purpose of Disbursement  
2014 General

011

Candidate Name

**Nan Alison Sutter Hayworth**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : B6D403535F61AD5F50E**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2018 Primary

011

Candidate Name

Sherrod Brown

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	29	/	2014

Transaction ID : BF4BAC3369D9087F47D

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Val Arkoosh**

Mailing Address PO Box 1011

City	State	Zip Code
Glenside	PA	19038

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Valerie Ann Arkoosh

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	15	/	2014

Transaction ID : 9090C885F2C8FB73FDE

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement  
2014 Primary

011

Candidate Name

S. Brett Guthrie

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : B2B6D5EC1E699770D4D

Amount of Each Disbursement this Period

2000.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Larson for Congress**

Mailing Address PO Box 261172

City Hartford	State CT	Zip Code 06126-1172
------------------	-------------	------------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

John B. Larson

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : CDDD9C814C3F2B24D58

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address PO Box 261172

City Hartford	State CT	Zip Code 06126-1172
------------------	-------------	------------------------

Purpose of Disbursement  
2014 General

011

Candidate Name

John B. Larson

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : AFAFBE3801F3AC2E105

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City Bethesda	State MD	Zip Code 20824
------------------	-------------	-------------------

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Lone Star Leadership PAC

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 4A2BEF88DCF773D40A0

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 52

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Matsui for Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
2014 Primary

Candidate Name

**Doris O. Matsui**

Office Sought: ☒ House ☐ Senate ☐ President  
 State: CA District: 06

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 05 28 2014

**Transaction ID : 57A9AE37D55043799AE**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Montanans for Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2018 Primary

Candidate Name

**Jon Tester**

Office Sought: ☐ House ☒ Senate ☐ President  
 State: MT District:

Disbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 05 28 2014

**Transaction ID : 43B046C2DBA8AAEE2F4**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. People for Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
2014 Primary

Candidate Name

**Ben Ray Lujan**

Office Sought: ☒ House ☐ Senate ☐ President  
 State: NM District: 03

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 05 28 2014

**Transaction ID : 094FF314436709C5AA9**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Republican Operation To Secure and Keep a Majority (ROSKAM PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Mailing Address PO Box 1011

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

**Transaction ID : 324E678A1F21DC41F89**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Mailing Address PO Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement  
2014 General

011

Candidate Name

**Peter J. Roskam**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 06

**Transaction ID : 09B91EA7A24EEF838EB**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Sherman for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Brad J. Sherman**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 30

**Transaction ID : 83E466DA224CC82F382**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Udall for Colorado**

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement  
2014 General

011

Candidate Name

Mark E. Udall

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : 221A85C0D8EAE2F9444

Amount of Each Disbursement this Period

1000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

46000.00